

**Borreliosis increased multisynrome Pathology Even in Albania**

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**Introduction:** Borreliosis are systematic infectious which make their evolution in three stages and are characterized by a great variety of anatomical and clinical forms.

**The scope:** Making evident the frequency, polysynrome and diagnosis of Lyme disease.

**The material:** It comprises 27 cases 18–64 years old, with Lyme disease during the period of 1982–2007. The diagnose was verified through indirect immunofluorescence 5 cases, ELISA test (IgM, IgG) 22 cases, 2 cases with PCR.

**Methodology:** Epidemiological aspects: We have analyzed cases on geography, timing, sesonal basis. Clinical aspects: cases were classified according syndrome appearance.

**The results:** Epidemiology: 1 geographical origin: we identified 20 autochthon cases and 7 imported cases (Germany 2 cases, USA, Italy, Austria, Czech Republic, Macedonia 1 case).

2. Time frequency: 1982–1983 3 cases), 1991 (1 case), 1999 (3 cases), 2001 (1 case), 2002 (2 cases), 2003 (2 cases), 2004 (2 cases), 2005–2006 (6 cases), 2007 (7 cases).

3. Seasonality: spring 9 cases, summer 15 cases, autumn 3 cases, winter 0 cases.

B) Clinically: We have noticed skin affected 15 cases (unique erythema 10 cases, multiple erythema 5 cases); 2. Locomotor system 7 cases (knee articulation 4 cases, coxophemoral articulation 3 cases). 3. cardiovascular system 1 case (Endocarditis); 4. Neuro-psychiatric system 3 cases (meningitis 1 case, depression 1 case, bipolar disorders 1 case). 5 Audit system 1 case (deafness).

**Conclusions:** 1. Borreliosis incidence in Albania is increasing like everywhere. 2. Imported cases are a new occurrence for us. 26% have been resulted imported cases and 74% autochthon ones. 3. We have noticed 5 clinical syndromes, skin affected 15 cases, locomotor system 7 cases, cardiovascular system 1 case, neuro-psychiatric system 3 cases, audit system 1 case.

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**Clinical Manifestations and Treatment of Typhoid Fever in Children**

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**Aim:** To review the clinical manifestations and treatment of typhoid fever in children.

**Materials and methods:** All children with documented infection, hospitalized at our clinic, during the period January 2003–December 2005 were enrolled in this study. Epidemiological data, clinical manifestations, and treatment protocol were analysed.

than 1:320 was considered positive.

**Results:** 37 children resulted infected by typhoid fever during the study period. The most affected age-group was that of 5–10 years old (60%).

49% were females and 51% were males.

56% of them were from Tirana district, meanwhile the others from different rural areas all over the country.

46% of cases result hospitalized in autumn, 33% in spring, the other part in winter and summer.

The fever was the most frequent sign, present in all cases. Liver enlargement was seen in 70% of children, spleen enlargement in 54%, the abdominal pain in 38%, vomiting and diarrhea were presented respectively in 32.5% and 0.8% of patients.

Maculopapulose rash was seen in 16% of cases.

**Laboratory examinations revealed:** All the patients had a positive Widal test. Leucopenia was present in 55% of children, anemia in 78% with lymphocytosis in 60%. High sediment was seen in 65% of cases.

Among the complications, pneumonia was present in 32% of children. A positive clinical response was seen approximately after 5 days of treatment.

The first choice antibiotic was Chloramphenicol used in 81% of cases, Ceftriaxone was prescribed in 16%, while Ampicillin as monotherapy in 13.5%.

No relapses were observed.

**Conclusions:** Systemic signs rather than gastrointestinal one dominated the clinical picture of our pediatric cases with typhoid fever. Chloramphenicol still remains an effective drug for this infection.

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**Acute Insufficiency as a Complication in Salmonellal Infection**

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**Background of the study:** Acute renal insufficiency (ARI) denotes acute deterioration of kidney function, which brings to compilation of degradation products, and clinically it is manifested with the decrease of diuresis and disorders of homeostasis. We will present the appearance of ARI in patients infected with salmonella as a result of very severe degree of dehydration caused by great loss of liquids due to vomiting and diarrhea.

**Methods used:** Out of 72 patients that were hospitalized at the Department for Infectious Diseases in Veles, in 2004, with clinical picture of salmonellal food intoxication, in 3 patients (4%) with severe clinical picture, an ARI complication appeared. The patients were treated depending on their age, clinical picture, laboratory-biochemical analysis and the treatment of the diseased.

**Results:** The greatest number of the patients who were hospitalized at our Department were in mild to severe clinical form of the disease. The basic disease brought to